

**AMENDMENT TO AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND
LIGAYA BRUCE-BADILLA DOING BUSINESS AS
BRUCE-BADILLA'S CARE HOME**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and LIGAYA BRUCE-BADILLA DOING BUSINESS AS BRUCE-BADILLA'S CARE HOME, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement on May 14, 2019 for board and care services for the term July 1, 2019 through June 30, 2022, in the amount of \$544,158; and

WHEREAS, the parties wish to amend the Agreement to add cost of living, increasing the maximum amount of the agreement by \$36,855 to a new maximum of \$581,013 with no change to the term of the agreement.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3. Payments of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A1," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B1." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed FIVE HUNDRED EIGHTY-ONE THOUSAND THIRTEEN DOLLARS (\$581,013).

2. Exhibit A is hereby deleted and replaced with Exhibit A1 attached hereto.
3. Exhibit B is hereby deleted and replaced with Exhibit B1 attached hereto.

4. All other terms and conditions of the agreement dated May 14, 2019, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE TO FOLLOW ***

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

LIGAYA BRUCE-BADILLA DOING BUSINESS AS BRUCE-BADILLA' S HOME CARE

Ligaya Bruce-Badilla

Contractor's Signature

Date: 10/14/19

LIGAYA BRUCE-BADILLA
DBA BRUCE-BADILLA'S CARE HOME
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In consideration of the payments set forth in Exhibit B-1, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

In addition to the services required by license, Contractor shall provide under the general supervision of the department, services described below in a manner consistent with the terms and provisions of this Agreement.

A. LICENSED BOARD CARE HOME

Operate a licensed residential care home in compliance with the State of California Department of Social Services Community Care Licensing standards for County clients referred by County Behavioral Health and Recovery Services (BHRS) for supplemental services. County shall assess and pre-approve clients for supplemental payment. No approvals will be made prior to evaluation of the client by Resource Management.

B. SERVICES

Contractor shall provide the following services:

1. CO-OCCURRING SERVICES

- a. Maintain staffing and resources necessary to provide close and consistent care and supervision as needed for co-occurring clients who may have difficult behavioral problems. Provide behavioral interventions such as redirection or group meetings with client and case manager for behavior such as altercations with peers, non-compliance with house rules and/or disruptive behaviors that impact other clients in the home. Provide interventions tailored to enable the client to continue to live successfully in the home and community.

- b. Participate in discussions, meetings and activities with clients and BHRS staff that facilitate a client's transition into and out of the board and care home. Work collaboratively with client and BHRS staff to address goals on client's treatment plan by providing learning experience and skills training that could lead to future successful living in more independent settings.
- c. Assist in teaching clients to use public transportation, understand their medications, and to maintain adequate personal hygiene. When possible, assist clients in developing independent living skills such as money management, shopping, meal preparation and laundry.
- d. Provide or arrange transportation to facilitate client's participation in planned programs in the community. Assist clients by tracking and reminding them of their scheduled medical and mental health appointments.
- e. Encourage and assist clients to attend mental health sponsored community-based programs such as supported education, supported employment, self-help activities and social events.
- f. Assist clients in maintaining the goals and objectives outlined in their individual County Treatment and Recovery plans as it relates to maintaining stability with their mental health and sobriety.
- g. Maintain any documentation provided by BHRS pertinent to each client's living skills and progress towards achieving the goals outlined in their individual service plans. Highlight problem areas and notify County Clinical staff of areas needing attention.
- h. Provide food/meals that are in accordance with and identified in Title 22, Division 6, Chapters 6 and 8, Community Care Licensing Policies and Procedures.
- i. Provide to specified clients, special diets, foods, juices or snacks requested by physicians or regional clinical staff.
- j. Provide and maintain a clean and sober living environment.

- k. Provide intense support for clients with in-home programming focused on co-occurring issues that include the following:
 - i. In-home co-occurring groups/meetings;
 - ii. Participation in county co-occurring groups; (groups at BHRS clinics)
 - iii. Participation in 12-step meetings (AA/NA) based on collaborative treatment planning with BHRS case manager. Number of meetings required will be agreed upon by client, BHRS case manager and contractor, and will be included on client's Treatment and Recovery plan.
 - iv. Ongoing collaborative treatment planning and treatment management with County BHRS staff focused on co-occurring interventions.
- l. Of the 20 required continuing education units required by Community Care Licensing, facility administrator shall annually attend co-occurring training(s) for a minimum of eight (8) CEU hours.

II. ADMINISTRATIVE REQUIREMENTS

A. Record Retention

Paragraph 14 of the Agreement notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18th) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later. This rule does not supersede professional standards (Contractor is allowed to maintain records for a longer period of time if required by other regulations or licenses).

B. Administering Satisfaction Surveys

Contractor shall facilitate the administration of all survey instruments as directed by BHRS, including outcomes and satisfaction measurement instruments.

C. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Health Equity Initiatives Manager (HEIM) at 650-573-2714 or ODE@smcgov.org.

1. Contractor will develop a cultural competence plan that will identify a first step in creating a more welcoming environment for the culturally diverse population residing in the facility. This plan will be submitted to the BHRS staff overseeing Board and Care facilities by January 30, 2020 for review by Program Manager and the Health Equity Initiatives Manager (HEIM).

The annual cultural competence plan will include, but is not limited to the following:

- a. Culturally focused activity/program designed to enhance the facility's sensitivity to diverse cultural values and needs and create a more welcoming environment for the diverse resident population.
 - b. Format for the collection of cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation for residents of the facility.
2. Contractor will attend 8 hours of culturally focused training per year sponsored by BHRS on how to provide culturally and linguistically appropriate services. Trainings will include culturally specific trainings designed to expand contractor's knowledge of threshold populations residing in San Mateo County.
 3. Contractor will be invited to attend the Cultural Competence Council and/or participate in a cultural competence effort within BHRS.
 4. Contractor will post any relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in the facility as agreed upon by contractor and BHRS representative.
 5. Technical Assistance -- Contractors who are not able to comply with the cultural competence requirements will be asked to meet with the Program Manager and HEIM (ODE@smcgov.org) to plan for appropriate technical assistance.

D. Licensing Reports

Contractor shall submit a copy of any licensing report issued by a licensing agency to BHRS Deputy Director of Youth Services, Adult and Older Adult Services, or the Manager of AOD Services or their designee, within ten (10) business days of Contractor's receipt of any such licensing report.

E. Facility Administrator must arrange for, and provide documentation of ten (10) hours of continuing education or training per employee, per year, above and beyond what is required by Community Care Licensing. Trainings provided by Resource Management throughout the year may be used for this purpose, as well as outside trainings.

F. Maintain individual client records in accordance with County and state requirements. Allow County and staff access to the facility, to the extent authorized by law, for client assessment, monitoring, record review, and consultation.

G. Participate in County's Management Information System. Supply needed documentation and information to the BHRS Program Office in a timely manner.

H. Participate in required monthly supplemental services meetings and trainings as set up by Resource Management. Additional continuing education or other training may not be substituted for the monthly meetings.

I. Retain and show proof of a bond issued by a surety company in accordance with Community Care Licensing's regulations for a licensee who may be entrusted with care and/or control of client's cash resources.

J. Ineligible Employees

BHRS requires that contractors identify the eligibility status of employees, interns or volunteers prior to hiring and on an annual basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to clients of BHRS are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below. The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting form, Policy #93-11) should a current employee, intern or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns and volunteers by using the following websites:

1. Office of Inspector General

Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: www.Exclusions.OIG.HHS.Gov.

K. Advance Directives

Contractor will comply with County policies and procedures relating to advance directives.

L. Beneficiary/Patient's Rights

Contractor will comply with County policies and procedures relating to beneficiary/patient's rights and responsibilities as referenced in the agreement Section 10. Compliance with laws; payment of Permits/Licenses.

M. Compliance Plan and Code of Conduct

Contractor shall read and be knowledgeable of the compliance principles contained in the BHRS Compliance Plan and Code of Conduct. In addition, Contractor shall assure that Contractor's workforce is aware of compliance mandates, and are informed of the existence and how to use the Compliance Improvement Hotline Telephone Number (650) 573-2695.

N. Fingerprint Compliance

Contractor certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom Contractor's employees, trainees, and/or its subcontractors, assignees, or volunteers have contact. Contractor shall have a screening process in place to ensure that employees who have positive fingerprints shall:

- a. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the Contractor; or
- b. Obtain a waiver from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as part of their employment with the Contractor.

A certificate of fingerprinting certification is attached hereto and incorporated by reference herein as Attachment E.

O. Minimum Staffing Requirements

Contractor shall have on file job descriptions (including minimum qualifications for employment and duties performed) for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement. Contractor agrees to submit any material changes in such duties or minimum qualifications to County prior to implementing such changes or employing persons who do not meet the minimum qualifications currently on file. Contractor service personnel shall be direct employees, contractors, volunteers, or training status persons.

III. GOAL AND OBJECTIVES

GOAL 1: To resolve all deficiencies and/or citations received through a licensing review within the time frame set by the California Department of Social Services Community Care Licensing.

OBJECTIVE 1: 100% of deficiencies and/or citations will be resolved within the time frame set by the California Department of Social Services Community Care Licensing.

GOAL 2: Contractor will assure that all clients meet the goal of participation in 12-step meetings at least three (3) times per week.

OBJECTIVE 2: Contractor will submit monthly, proof of weekly attendance by each client at least two outside 12-step meetings by each client.

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In consideration of the services provided by Contractor in Exhibit A 1, County shall pay Contractor based on the following fee schedule:

I. Payments

In full consideration of the services provided by Contractor and subject to the provisions of Paragraph 3. ("Payments") of this Agreement, County shall pay Contractor in the manner described below, except that any and all payments shall be subject to the conditions contained in this Agreement.

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount county shall be obligated to pay for all services rendered under this contract shall not exceed FIVE HUNDRED EIGHTY-ONE THOUSAND THIRTEEN DOLLARS (\$581,013).

B. County shall pay Contractor for up to a maximum of twelve (12) beds per month according to the following rates of payment:

1. FY 2019-2020

- a. From July 1, 2019 through June 30, 2020, Payment for Dual Diagnosis services shall be made for ten (10) beds a month at the rate of ONE THOUSAND THREE HUNDRED FOURTEEN DOLLARS AND TEN CENTS (\$1,314.10) per bed, per month.
- b. Payment for two (2) additional beds shall be made on an as needed basis at the daily rate of FORTY-TWO DOLLARS AND THIRTY-SIX CENTS (\$42.36) per bed, per day.
- c. County shall not exceed ONE HUNDRED EIGHTY-EIGHT THOUSAND SIX HUNDRED SEVENTY DOLLARS (\$188,670).

2. FY 2020-2021

- a. From July 1, 2020 through June 30, 2021, Payment for Dual Diagnosis services shall be made for ten (10) beds a month at the rate of ONE THOUSAND THREE HUNDRED SIXTY-SEVEN DOLLARS (\$1,366.67) per bed, per month.
- b. Payment for two (2) additional beds shall be made on an as needed basis at the daily rate of FORTY-FOUR DOLLARS AND FIVE CENTS (\$44.05) per bed, per day.
- c. County shall not exceed ONE HUNDRED NINETY-SIX THOUSAND ONE HUNDRED FIFTY-SEVEN DOLLARS (\$196,157).

3. FY 2021-2022

- a. From July 1, 2021 through June 30, 2022, Payment for Dual Diagnosis services shall be made for ten (10) beds a month at the rate of ONE THOUSAND THREE HUNDRED SIXTY-SEVEN DOLLARS (\$1,366.67) per bed, per month.
- b. Payment for two (2) additional beds shall be made on an as needed basis at the daily rate of FORTY-FOUR DOLLARS AND FIVE CENTS (\$44.05) per bed, per day.
- c. County shall not exceed ONE HUNDRED NINETY-SIX THOUSAND ONE HUNDRED FIFTY-SEVEN DOLLARS (\$196,157).

C. Payment for temporary absences shall be made according to the following state policies as outlined in Department of Mental Health Letter 86-01:

1. Payment for temporary absence in the supplemental services program and for life support services in residential care facilities can be limited to seven (7) days per month. Such payment is allowable only under all of the following conditions:
 - a. the absence is consistent with the client's service and treatment plans;

- b. the absence is necessary for the client's progress or maintenance at this level of care;
 - c. the absence is planned, or anticipated; and
 - d. the absence, as well as the purpose(s) of the absence, are documented.
2. Payment for temporary absence for purposes of acute hospital or acute non-hospital (psychiatric health facility) treatment or for treatment in other facilities which meet Title 9 staffing standards (Section 663), except as provided in section I, paragraph C.1.a above, can be limited to ten (10) days per month. Payment is allowable if such treatment is necessary for the client to return to this level of care, i.e., in a residential care facility, and if the purpose(s) is documented.
- D. Modifications to the allocations in Paragraph A of this Exhibit B may be approved by the Chief of the Health System or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
- E. The Chief of the Health System or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.
- F. In the event that funds provided under this Agreement are expended prior to the end of the contract period, contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- G. In the event this Agreement is terminated prior to June 30, 2022, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of the Health System or designee.
- H. The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County.

I. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

J. Monthly Invoice and Payment

1. Payment by County to Contractor shall be monthly. Contractor shall bill County on or before the tenth (10th) working day of each month for the prior month. Contractor shall submit an original invoice only (faxes are not accepted), and shall include a summary of services and charges for the month of service. In addition contractor shall provide back-up to the invoice, which shall include individual client days and the level of service provided as well as a monthly admit and discharge sheet.
2. County reserves the right to modify the description of services as the County deems necessary.
3. Invoices that are received after the tenth (10th) working day of the month are considered to be late submissions and may be subject to a delay in payment. Invoices may be sent to:

San Mateo County Health System
Behavioral Health and Recovery Services Division
2000 Alameda de Las Pulgas, Suite 280
San Mateo, CA 94403

K. Revenue

County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of the Health System or designee.

L. Contractor may bill and retain any Supplemental Security Income (SSI) or State Supplemental Payment (SSP) income payable by clients for room and board costs.

M. Inadequate Performance

If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, to review documentation, billing and/or other reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies. This Agreement may be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 5 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

N. Invoice Certification and Program Integrity

1. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A of this Agreement, Contractor shall certify by signature that the invoice is true and accurate by stating the invoice is submitted under the penalty of perjury under the laws of the State of California.

The claim must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the invoice:

"Under the penalty of perjury under the laws of the State of California, I hereby certify that this invoice for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

Executed at _____ California, on _____, 20__

Signed _____ Title _____

Agency _____"